U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergeacy Management Agency

Important: Read the instructions on pages 1-8.

ederal Emergeacy Management Agency lational Flood Insurance Program		ead the instructions on pa		2 loo
lational Floor modern	SECTIO	NA-PROPERTY INFORM	ATION	For Insurance Company Use: Policy Number
A1. Building Owner's Name PAM DELC	GERNIO			
A2. Building Street Address (including A	pt., Unit, Suite, and/or Bldg	j. No.) or P.O. Route and Box N	lo.	Company NAIC Number
122 DANE STREET City WAVELAND State MS ZIF	Code 39576			
A3. Property Description (Lot and Block	Numbers, Tax Parcel Num	iber, Legal Description, etc.)		
LOT 12 - 16, SQUARE 2, JEFFERSON	SOBDIVISION, IN LIVE ST			
 A4. Building Use (e.g., Residential, Non A5. Latitude/Longitude: Lat. 30-16-05.1 A6. Attach at least 2 photographs of the A7. Building Diagram Number 5/2 A8. For a building with a crawl space or a) Square footage of crawl space or b) No. of permanent flood opening enclosure(s) walls within 1.0 foo c) Total net area of flood openings 	enclosure(s), provide or enclosure(s) s in the crawl space or above adjacent grade	A9. For a 1934sq ft a) S N/A sq in c) T	building with an attace quare footage of attace to. of permanent flood valls within 1.0 foot about total net area of flood of	ched garage, provide: ched garage <u>N/A</u> sq ft openings in the attached garage ove adjacent grade <u>N/A</u> openings in A9.b <u>N/A</u> sq in
c) Total net area of flood openings	ECTION B - FLOOD IN	SURANCE RATE MAP (FIF	RM) INFORMATION	DO Olyto
B1. NFIP Community Name & Commun CITY OF WAVELAND - 285262	ity Number B	2. County Name ANCOCK		MS
B4. Map/Panel Number B5. Suffi	x B6. FIRM Index	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13.0'
205262 0003 B	11/16/83	11/16/83	A9	10.0
B10. Indicate the source of the Base Flo	od Elevation (BFE) data or	r base flood depth entered in Ite	em B9.	
B11. Indicate elevation datum used for B12. Is the building located in a Coastal Designation Date	Barrier Resources System	NAVD 1929 NAVD 1988 (CBRS) area or Otherwise Pro	10 To be 20 DOM 100 AND 100 AN	□Yes ⊠N0
SEC	TION C - BUILDING E	LEVATION INFORMATION	(SURVEY REQUI	RED)
C1. Building elevations are based on: *A new Elevation Certificate will be C2. Elevations – Zones A1-A30, AE, Abbelow according to the building diagent Benchmark Utilized ALCO Vertical NONE.	gram specified in Item A7.			
Conversion/Comments NONE			Check the measure	
a) Top of bottom floor (including bases b) Top of the next higher floor c) Bottom of the lowest horizonta d) Attached garage (top of slab) e) Lowest elevation of machinen (Describe type of equipment is f) Lowest adjacent (finished) gra g) Highest adjacent (finished) gra	al structural member (V Zon y or equipment servicing the n Comments) ade (LAG)	nes only) N/A. N/A. N/A. N/A. N/A. N/A. N/A. N/A.	feet meters (Puell feet me	erto Rico only)
	TOTION D. SUBVEYO	R, ENGINEER, OR ARCHIT	TECT CERTIFICAT	TON
This certification is to be signed and s information. I certify that the information I understand that any false statement. Check here if comments are prov	ealed by a land surveyor, e on on this Certificate repre may be punishable by fine	engineer, or architect authorized	a by law to certify elev	WHO NO W. TO THE PROPERTY OF T
Certifier's Name RICHMOND W. KR		License Numb	per 4836	SURVEYOR SE O
Title PRESIDENT	Company Na	me R.W. KREBS, LLC		PLS-02767 8
Address P.O. BOX 8641	City METAIF	(IL	ZIP Code 70011	OF MISS S
Signature	Date 02-22-07	Telephone 504-889-96	16	William Comments

IMPORTANT: In these spaces			١.	For Insurance Company Use:
Building Street Address (including A 122 DANE STREET	pt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.		Policy Number
City WAVELAND State MS ZIP C	ode 39576			Company NAIC Number
SECTIO	ON D - SURVEYOR, ENGINE	ER, OR ARCHITECT CER	TIFICATION (CON	TINUED)
Copy both sides of this Elevation Ce	rtificate for (1) community official	, (2) insurance agent/company,	and (3) building own	ner.
Comments STREET ELEVATION:	12.14'	The second secon		
Signature //		Date 02-22-07		
Malling	w/C			Check here if attachments
SECTION E - BUILDING EL	EVATION INFORMATION (S	SURVEY NOT REQUIRED)	FOR ZONE AO A	ND ZONE A (WITHOUT BFE)
 b) Top of bottom floor (includin E2. For Building Diagrams 6-8 with (elevation C2.b in the diagrams E3. Attached garage (top of slab) is E4. Top of platform of machinery a E5. Zone AO only: If no flood dept 	al grade, if available. Check the nor the following and check the apdiacent grade (LAG). In go basement, crawl space, or encing basement, crawl space, or encing basement flood openings provings) of the building is	neasurement used. In Puerto Foropriate boxes to show wheth propriate boxes is for the bottom floor elevated in a propriate boxes. In Puerto Final Puerto F	Rico only, enter meter er the elevation is above the elevation is above or below the HAG. meters above accordance with the elevation is above to the HAG.	process. prove or below the highest adjacent above or below the HAG. below the LAG. structions), the next higher floor HAG.
SECTIO	N F - PROPERTY OWNER (OR OWNER'S REPRESEN	TATIVE) CERTIF	ICATION
The property owner or owner's autho	The Market of the Company of the Com		and the second second second second	
or Zone AO must sign here. The state				, resource or community resource 2, 2,
Property Owner's or Owner's Authoriz	zed Representative's Name			
Address		City	State	ZIP Code
Signature		Date	Telephon	е
Comments				
				Check here if attachmer
		IUNITY INFORMATION (O		
is authorized by law to certify 2. A community official complet	mplete the applicable item(s) and was taken from other documents of elevation information. (Indicate sed Section E for a building locate	I sign below. Check the measuation that has been signed and the source and date of the election of the electio	rement used in Item sealed by a licensed vation data in the Co	s G8. and G9. d surveyor, engineer, or architect who mments area below.)
3. The following information (Ite	ems G4G9.) is provided for com	munity floodplain management	purposes.	
G4. Permit Number	G5. Date Permit Issued	G6. Date	Certificate Of Compl	iance/Occupancy Issued
7. This permit has been issued for: 8. Elevation of as-built lowest floor (in 9. BFE or (in Zone AO) depth of flood	cluding basement) of the building	feet n	22 D 22	
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments				

				Check here if attachmen

Building Photographs Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 DANE STREET

For Insurance Company Use:
Policy Number

City WAVELAND State MS ZIP Code 39576

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 DANE STREET	Policy Number
City WAVELAND State MS ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.



ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency Important: Read the instructions on pages 1-9. National Flood Insurance Program For Insurance Company Use: SECTION A - PROPERTY INFORMATION Policy Number A1. Building Owner's Name Bruce Hughes Company NAIC Number A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 Dane Street State MS ZIP Code 39576 City Waveland A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 12-16, Square 2, Jefferson Subdivision, Hancock County, MS A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential □ NAD 1927 ☑ NAD 1983 Horizontal Datum: A5. Latitude/Longitude: Lat. 30-16-05.1 Long. 89-23-16.7 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 5 A9. For a building with an attached garage: A8. For a building with a crawlspace or enclosure(s): a) Square footage of attached garage sq ft N/A b) No. of permanent flood openings in the attached garage 1934 sq ft a) Square footage of crawlspace or enclosure(s) No. of permanent flood openings in the crawlspace or within 1.0 foot above adjacent grade N/A enclosure(s) within 1.0 foot above adjacent grade N/A Total net area of flood openings in A9.b sq in N/A sq in N/A Total net area of flood openings in A8.b No Engineered flood openings? ☐ Yes ⊠ No d) Engineered flood openings? SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. State **B2. County Name** B1. NFIP Community Name & Community Number Mississippi Hancock City of Waveland Mississippi 285262 B9. Base Flood Elevation(s) (Zone B8. Flood B7. FIRM Panel AO, use base flood depth) **B6. FIRM Index** B5. Suffix B4. Map/Panel Number Effective/Revised Date Zone(s) Date D VE 28045C0344 10/16/09 10/16/09 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. Other (Describe) <u>DFIRM</u> ☐ Community Determined ☐ FIRM ☐ FIS Profile ☐ Other (Describe) ☑ NAVD 1988 B11. Indicate elevation datum used for BFE in Item B9:

NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ⊠ No Designation Date N/A SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ■ Building Under Construction* ☐ Construction Drawings* C1. Building elevations are based on: *A new Elevation Certificate will be required when construction of the building is complete. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized A215 Vertical Datum NAVD 88 Check the measurement used. Conversion/Comments N/A Top of bottom floor (including basement, crawlspace, or enclosure floor) 25.0. ☐ feet ☐ meters (Puerto Rico only) a) Top of the next higher floor b) Bottom of the lowest horizontal structural member (V Zones only) ☐ feet ☐ meters (Puerto Rico only) C) Attached garage (top of slab) d) Lowest elevation of machinery or equipment servicing the building 25.0.___ (Describe type of equipment and location in Comments) e) Lowest adjacent (finished) grade next to building (LAG) f) Highest adjacent (finished) grade next to building (HAG) 13.7._ Lowest adjacent grade at lowest elevation of deck or stairs, including g) <u>13.7</u>. SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION structural support This certification is to be signed and sealed by a land

This certification is to be signed and seal information. I certify that the information I understand that any false statement ma	y be punishable by fine	e or imprisonment under 18	rized by law to certify elevation erpret the data available. U.S. Code, Section 1001. Ie in Section A provided by a Yes No
Certifier's Name Stuart Williamson, P.E.,	C.F.M.	License N	lumber 13199
Title Civil Engineer	Company Name	Stuart Williamson	7IP Code 39521

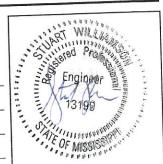
State MS City Bay St Louis

ZIP Code 39521 Address P.O. Box 3145

Signature

Date 2/5/12

Telephone (228) 243-4066



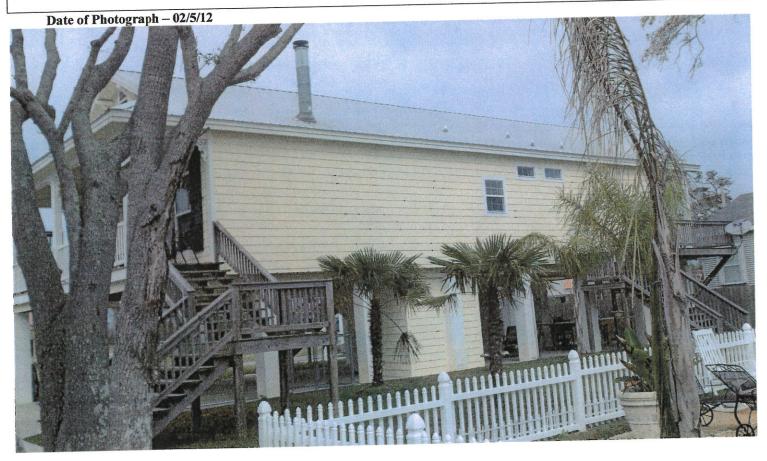
	ii i famation from Soc	tion A	For Insurance	e Company Use:
IMPORTANT: In these spaces, co	py the corresponding information from Sec	No.	Policy Numb	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 Dane Street			Company N	AIC Number
City WavelandState MS ZIP Code 39576				
SECTION D	- SURVEYOR, ENGINEER, OR ARCHITECT	CERTIFICATION (CONTINUED)	
Own bath sides of this Elevation Certific	ate for (1) community official, (2) insurance agent/co	mpany, and (3) building	g owner.	
	a 1 ft freeboard requirement above BFE. Nail in powertificatie of 2/22/07. The owner intends to construct	repole front of property	/= 15.91 NAVD 00.	THis Elevation
	Date 2/5/1	2		3
Signature				heck here if attachments
SECTION E - BUILDING ELEV	ATION INFORMATION (SURVEY NOT REQU	IRED) FOR ZONE	AO AND ZONE A	(WITHOUT BFE)
and C. For Items E1-E4, use natural grade E1. Provide elevation information for the grade (HAG) and the lowest adjace a) Top of bottom floor (including be b) Top of bottom floor (including be celevation C2.b in the diagrams) of the celevation C2.b in the diagrams) of the celevation C2.b in the diagrams of the celevation C3. Attached garage (top of slab) is E4. Top of platform of machinery and/	asement, crawlspace, or enclosure) isasement, crawlspace, or enclosure) isasement, crawlspace, or enclosure) isasement flood openings provided in Section A Items of the building is feet meters above or lor equipment servicing the building isasempter is available, is the top of the bottom floor elev	w whether the elevation feet meter feet meter s and/or 9 (see pages above or belo below the HAG. feet meters wated in accordance with	n is above or below s □ above or □ t s □ above or □ 8-9 of Instructions w the HAG. above or □ belo	the highest adjacent below the HAG. below the LAG. the next higher floor with the HAG.
ordinance? Tyes No T	Unknown. The local official must certify this inform	ation in occion o.	and the second s	
SECTION	F - PROPERTY OWNER (OR OWNER'S REF	RESENTATIVE) CE	RIFICATION	ity issued REE)
or Zone AO must sign here. <i>The statem</i> Property Owner's or Owner's Authorized	d Representative's Name	or my national age	ate ZIP C	
Address	City	00		
Signature	Date	Te	lephone	
Comments		Victor Territoria		
			г	Check here if attachment
	CONTRIBUTY INCODMA	TION (OPTIONAL)		Oncor noro ii assau
	SECTION G - COMMUNITY INFORMA or ordinance to administer the community's floodpl the the applicable item(s) and sign below. Check to	ain management ordina	ance can complete	Sections A, B, C (or E),
and G of this Elevation Certificate. Comp	plete the applicable item(s) and sign below. Shoots	aned and sealed by a	icensed surveyor.	engineer, or architect who
	dovotion information. Hindicale the source and date	OI LIIO DIGITALION -		
100 To 10	d Section E for a building located in Zone A (without	agement purposes.	indinty ideas	•
G3. The following information (Item	ns G4-G9) is provided for community floodplain man	G6. Date Certificate O	f Compliance/Occu	pancy Issued
G4. Permit Number	G. Date Fernit 19999		Compliance/Cood	
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Impro		Datum	
	-			
G8. Elevation of as-built lowest floor (in	cluding basement, or the semants	feet meters (PR)		
G8. Elevation of as-built lowest floor (in G9. BFE or (in Zone AO) depth of flood	ling at the building site:	feet meters (PR)	Datum	
G8. Elevation of as-built lowest floor (in	ling at the building site:		Datum	
G8. Elevation of as-built lowest floor (inG9. BFE or (in Zone AO) depth of flood	ling at the building site:	feet meters (PR)	Datum	
G8. Elevation of as-built lowest floor (inG9. BFE or (in Zone AO) depth of floodG10. Community's design flood elevation	ling at the building site: [feet meters (PR)	Datum	
G8. Elevation of as-built lowest floor (in G9. BFE or (in Zone AO) depth of flood G10. Community's design flood elevation Local Official's Name	ing at the building site: [Title	feet meters (PR)	Datum	

. ___

Building Photographs See Instructions for Item A6.

	Policy Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 Dane Street	Policy Number
City Waveland State Ms ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.



Building Photographs Continuation Page

Continuation rage	For Insurance Company Use.
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Bo	Policy Number
122 Dane Streett	Company NAIC Number
City Waveland State MS ZIP Code 39576	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME **NEW ERA HOMES** Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 122 DANE ST. ZIP CODE STATE CITY 39576 MS WAVELAND PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 12 - 16, SQUARE 2, JEFF SUBD., CITY OF WAVELAND, HANCOCK COUNTY, MS BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL SOURCE: GPS (Type): HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) Other:_ USGS Quad Map □ NAD 1927
□ NAD 1983 (##° - ##" - ##.##" or ##.####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE **B2. COUNTY NAME** B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER MS HANCOCK COUNTY CITY OF WAVELAND, MS - 285262 B9. BASE FLOOD ELEVATION(S) **B7. FIRM PANEL** (Zone AO, use depth of flooding) **B4. MAP AND PANEL B8. FLOOD ZONE(S)** EFFECTIVE/REVISED DATE **B6. FIRM INDEX DATE B5. SUFFIX** NUMBER +13.00 A9 11/16/83 11/16/83 В 285262 0003 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): Community Determined X FIRM ☐ FIS Profile ☐ NAVD 1988 ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes 🖾 No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Finished Construction ☐ Building Under Construction* C1. Building elevations are based on:

☐ Construction Drawings* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NAVD Conversion/Comments NONE License Number, Embossed Seal, Signature, and Date a) Top of bottom floor (including basement or enclosure) 24. 00 ft.(m) <u>N/A</u>. __ft.(m) ☐ b) Top of next higher floor <u>N/A</u>. __ft.(m) c) Bottom of lowest horizontal structural member (V zones only) <u>N/A</u>. __ft.(m) d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment N/A.__ft.(m) servicing the building (Describe in a Comments area) 12.21 ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) 13. 66 ft.(m) g) Highest adjacent (finished) grade (HAG) \Box h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade $\underline{0}$ ☐ i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. LICENSE NUMBER 02757 CERTIFIER'S NAME RICHMOND W. KREBS, PLS COMPANY NAME R.W. KREBS, LLC TITLEPRESIDENT ZIP CODE STATE CITY ADDRESS 70011-8641 IA **METAIRIE** P.O. BOX 8641 **TELEPHONE** DATE SIGNATURE (504) 889-9616 10/31/06

	and include information from Section A			For Insurance Company Use:
PORTANT: In these spaces, copy the	ne corresponding information from Section A , Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
ILDING STREET ADDRESS (Including Apt., Unit 2 DANE ST.	STATE		ZIP CODE 39576	Company NAIC Number
Y VELAND	MS	T OFFITIEIC ATI)
SECTION	N D - SURVEYOR, ENGINEER, OR ARCHITEC	CERTIFICATI	014 (00141114022	
ay both sides of this Elevation Certificate fo	r (1) community official, (2) insurance agent/company,	and (3) building ow	ner.	
OMMENTS				
JWWLINIO				
				Check here if attachments
THE PINCE	EVATION INFORMATION (SURVEY NOT REC	UIRED) FOR ZO	NE AO AND ZON	NE A (WITHOUT BFE)
SECTION E - BUILDING EL	EVATION INFORMATION (SURVEY NOT REC lete Items E1 through E4. If the Elevation Certificate is	intended for use as	s supporting informat	tion for a LOMA or LOMR-F,
Zone AO and Zone A (without BFE), comp	ete iteris Er tillough Es. il ulo Essessi			and 7 If no diagram accurately
ction C must be completed. Select the bu	ilding diagram most similar to the building for which thi	certificate is being	completed – see pa	ges 6 and 7. If no diagram docum,
. Building Diagram Number(colors as a setch of the second seco	or photograph.)	N□ above or □	7 helow (check one)) the highest adjacent grade. (Use
. The top of the bottom floor (including base	or photograph.) ment or enclosure) of the building isft.(m)in.(co	I) LI above or L	_ DOIGH (GILDON SHE)	90. 838.50 %
natural grade, if available).	(see page 7), the next higher floor or elevated floor (ele	ration b) of the build	ding isft.(m)i	n.(cm) above the highest adjacent
B. For Building Diagrams 6-8 with openings	(see page 7), the next higher hoor or clovated has (e.e.	no medicana mana #25 et in.) the highest adjacent grade // Ise
grade. Complete items C3.n and C3.1 on	front of form. or equipment servicing the building isft.(m)in.(c	n) above or	_l below (check one	e) the highest adjacent grade. (000
 The top of the platform of machinery and a patural grade if available). 		accordance with the	ne community's floor	dolain management ordinance?
5. For Zone AO only: If no flood depth num	ber is available, is the top of the bottom floor elevated in	accordance with t	to continuing a noot	Nonemann and American
Tyes TNo Unknown. The id	ocal official filust certify the intermediate	-DDECENTATIV	(E) CERTIFICATI	ON
SECTI	ON F - PROPERTY OWNER (OR OWNER'S Representative who completes Sections A, B, C (Items to statements in Sections A, B, C, and E are correct to	3 h and C3.i only).	and E for Zone A (w	vithout a FEMA-issued or community-
The property owner or owner's authorized r	epresentative who completes Sections A, b, o file	the best of my kno	owledge.	
· IDEE - Zono A() must sign nere. I	THE STATE THE THE STATE OF THE			
PROPERTY OWNER'S OR OWNER'S A	JTHORIZED REPRESENTATIVE'S NAME	,	STA	ATE ZIP CODE
ADDRESS	CIT			94-040-040
	DA	E	TEI	LEPHONE
SIGNATURE	3			
COMMENTS				
				Take the shoot
No. Sec. Sec. Sec.				Check here if attachment
1. H.	SECTION G - COMMUNITY INFOR	VIATION (OPTIC	NAL)	The Action Flow
12 1 1 Luleur 0	SECTION G - COMMUNITY INFOR	anagement ordinar	nce can complete Se	ections A, B, C (or E), and G of this Eleva
The local official who is authorized by law of) and sign below.	to 04000 too ample transport	" d our lovor o	proincer or architect who is authorized b
Certificate. Complete the applicable former.) and sign below. aken from other documentation that has been signed a secretion. (Indicate the source and date of the elevation)	nd embossed by a	nts area below)	algilloci, of distinces the
or local law to certify elevation info	aken from other documentation that has been signed on formation. (Indicate the source and date of the elevation	data in the commi	unity-issued BFE) or	Zone AO.
G2. A community official completed Se	rmation. (Indicate the source and date of the elevation action E for a building located in Zone A (without a FEN A CO) is provided for community floodplain management.	nt numoses.		
G3. The following information (Items G	4-G9) is provided for continuing herep	G6 DAT	E CERTIFICATE OF C	COMPLIANCE/OCCUPANCY ISSUED
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G0. DA1		
10. 20	law Construction			Datum
G7. This permit has been issued for: LINGS. Elevation of as-built lowest floor (included)	New Construction Substantial Improvement		ft.(m)	Datum: Datum:
G8. Elevation of as-built lowest floor (Includence G9. BFE or (in Zone AO) depth of flooding	at the building site is:		ft.(m)	
	,	TITLE		
LOCAL OFFICIAL'S NAME		TELEPHON	E	
COMMUNITY NAME		DATE		
SIGNATURE				
COMMENTS				
				Chack here if attachme
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FEMA Form 81-31 January 2003

Building Photographs Continuation Page

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 DANE STREET	Policy Number
City WAVELAND State MS ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 DANE STREET	Policy Number
City WAVELAND State MS ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

